fibrillation set in. Irregularities, almost always ventricular extrasystoles, may follow the resumption of normal rhythm. Lewis believes that paroxysmal tachycardia proper, as met with in experiment and in man, is the result of intrinsic change in the heart walls, giving rise to the production of ectopic impulses. The paroxysm has its origin in the ventricular musculature, and is constituted by the establishment of a continuous succession of what are usually designated as extrasystoles. It may be supposed that the paroxysm is the result of a local and enhanced irritability, the offspring of anemia. There is a very close analogy beteween the experimental tachycardia produced by Lewis and the ventricular form of paroxysmal tachycardia as seen in man.

The Effect of Trypsin on Cancer in Mice.—In order to determine whether trypsin has any actual effect on cancer, Rushmore (*Jour. Med. Research*, 1909, xxi, 591) has tested it on mice inoculated with an adenocarcinoma. In those mice in which the tumor was of moderately or very large size the injection of trypsin showed absolutely no beneficial result. In the animals with early tumors cure or spontaneous recovery resulted in 43 per cent., a figure about that which is given as the percentage for spontaneous recovery. Histological examination revealed no evidence of the trypsin having acted on the tumor cells. Those cells around the bloodvessels were in the best condition, and no especial injury to the cells lying on the periphery of the tumor, nearest the point of inoculation, could be made out.

The Bacteria of the Stools in Cancer of the Stomach.—Brown (*Jour. Amer. Med. Assoc.*, 1909, liii, 1525) has confirmed the findings published from Neusser's clinic as to the presence of Boas-Oppler bacilli in the stools of cases of gastric carcinoma. Smears of the stools are made and stained by Gram's method. A "Gram-negative" stool excludes cancer of the stomach, while a smear showing the presence of the Gram-staining Boas-Oppler bacillus is more easily demonstrated in the stools than in the gastric contents, but it is rather readily confused with other organisms. Brown found Gram-positive stools in all cases of gastric cancer, and Gram-negative stools in both acute and chronic gastric ulcer. In four cases in which the clinical diagnosis was gastric or pyloric ulcer, but in which bacteriological examination showed Gram-positive stools, operation or autopsy revealed a carcinoma.

The Causes of Sudden Death.—Brown (*Med. Press*, 1909, lxxxvii, 414) has analyzed 183 cases in which death occurred suddenly, before or just after the patient was admitted to the hospital. Liability to sudden death is greatest at two epochs; from birth up to three years, and from thirty years onward. From three to fourteen there is practical immunity, while from fourteen to thirty very few cases occur. Of 63 cases under five years of age, 52 occurred in the first year of life. The postmortem findings show a greater variety in children than in adults. Among the conditions met with were pulmonary collapse, suprarenal hemorrhage, and lymphatism. In more advanced life vascular degeneration is the great cause of sudden death. Of 109 cases over twenty-one years old, heart disease was the cause of death in 31 instances—10 of them being cases of aortic insufficiency. Granular kidney without other cause was found in 18 cases, atheroma of coronary artery in 17, ruptured aneurysm in 14, hemoptysis in phthisis in 9, pneumonia in 8, cerebral hemorrhage in 6, persistent thymus in 1, and in 5 cases no cause for death was found. It was striking that there was an associated granular kidney in 64.2 per cent. of the cases. Of the cardiac conditions, aortic regurgitation and coronary arteriosclerosis were the most frequent findings. When pneumonia was the cause of death, autopsy revealed in every instance gray hepatization—death being apparently due to postcritical syncope.

The Diagnostic Significance of Hemolysis in Cancer.—After an attempt to determine the practical clinical value of the hemolytic reactions in cancer and tuberculosis, SMITHIES (*Med. Rec.*, 1909, lxxvi, 901) says that while the blood serum of the majority of patients with malignant disease is capable of destroying normal red blood cells, the same manifestations are possible in non-cancerous subjects. He found the reaction positive in tuberculosis, syphilis, various forms of disease associated with anemia, in inflective processes, and in one clinically normal individual. In general, however, while the reaction is positive in the majority of cancerous patients, it is negative in the majority of normal individuals, or of persons suffering from other diseases. In so far, it may have some slight clinical value. While 85 per cent. of one hundred and fifty-three cases of cancer, in all stages, reported by Crile gave a positive hemolytic reaction, Smithies, in a much smaller series of twelve cases, obtained a positive reaction in only 58.3 per cent. In 92 per cent. of fifty-two cases of tuberculosis, Crile reports a reaction of "reverse hemolysis." This was obtained by Smithies in only two out of fifteen instances. The sera from two cases of benign tumor failed to give hemolysis.

Cardiolysis.—This operation for the treatment of cardiac insufficiency following on chronic mediastinitis or chronic adherent pericardium was suggested by Brauer, and first performed by Peterson and Simon in 1902. The twenty cases of cardiolysis which have been reported since are reviewed by LECENE (*Archiv. des. mal. du cœur, des vaisseaux, et du sang.*, 1909, ii, 673) who believes that the operation deserves to be used much more frequently. The main indication for cardiolysis is a marked systolic retraction of the precordial region apparently dependent on an adherent pericardium. The most striking results are to be sought (according to Danielson) in those cases in which the signs of cardiac insufficiency fail to clear up under the regular medical treatment. The final outcome depends on the condition of the heart muscle, and for this reason the operation should be performed early and not left as a late resort. In itself the operation is extremely simple and consists in the resection of 8 to 10 cm. of the third, fourth, and fifth ribs and cartilages —thus doing away with the rigid wall against which the heart has been tugging. The time required is about fifteen minutes. No serious results following the operation have been reported. The benefit obtained has varied in the different cases, but in general it has been quite marked, while in several instances confirmed invalids have been enabled to return to work.